

Candidate Intention Statement

Type or Print in Ink.

CANDIDATE INTENTION STATEMENT

CALIFORNIA
FORM

501

For Official Use Only

Check One: ☒ Initial

☒ Amendment (Explain) _____

Date Stamp

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12/6/13 @
2:11 PM
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1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

Dixon, Diane

DAYTIME TELEPHONE NUMBER

949-287-9211

FAX NUMBER (optional)

E-MAIL (optional)

STREET ADDRESS

3419 Via Lido #197

CITY

Newport Beach

STATE

CA

ZIP CODE

92663

OFFICE SOUGHT (POSITION TITLE)

City Council Member

AGENCY NAME

DISTRICT NUMBER, if applicable.

1

☐ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County: Newport Beach

(Name of Jurisdiction)

2014

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS and CALSTRS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

(Year of Election) Primary/general election

(Year of Election) Special/runoff election

(Check one box)

☐ I **accept** the voluntary expenditure ceiling for the election stated above.

☐ I **do not accept** the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: _____ and I **accept** the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On _____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

12.4.13
(month, day, year)

Signature

Diane Dixon
(Candidate)